

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐Check if different
than previously
reported. (ACC)

BRENTWOOD

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00347955

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2007

through

04

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Penny Brake

Signature of Treasurer

Electronically Filed by Penny Brake

Date

05

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		8122.84
(b) Cash on Hand at Beginning of Reporting Period	22465.97	
(c) Total Receipts (from Line 19)	77451.00	108036.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99916.97	116158.84
7. Total Disbursements (from Line 31)	11220.66	27462.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88696.31	88696.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	68806.00	98441.00
(i) Itemized (use Schedule A)	8645.00	9595.00
(ii) Unitemized	77451.00	108036.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	77451.00	108036.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	77451.00	108036.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77451.00	108036.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10.66	42.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	10.66	42.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	19000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6210.00	8420.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11220.66	27462.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11220.66	27462.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	77451.00	108036.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77451.00	108036.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.66	42.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10.66	42.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Karen Amen Mailing Address HC1 Box 1066-J City Payson State AZ Zip Code 85541 FEC ID number of contributing federal political committee. C Name of Employer Havasu Regional Med. Ctr. Occupation RN/CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7 Transaction ID: SA11A1.6220 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) M.A. Anaya, Sr. Mailing Address 63 Lakeview Circle City Fort Morgan State CO Zip Code 80701 FEC ID number of contributing federal political committee. C Name of Employer Colorado Plains Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Transaction ID: SA11A1.6183 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Karen Anderson-Barrett Mailing Address 4202 Farrar Avenue City Nashville State TN Zip Code 37215 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6277 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Robert Baker Mailing Address 1126 Stonebridge Park City State Zip Code Franklin TN 37069 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.6427 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Bruce Baldwin Mailing Address 6459 White Blossom Circle City State Zip Code Jacksonville FL 32258 FEC ID number of contributing federal political committee. C Name of Employer Putnam Community Medical Cent. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7 Transaction ID: SA11A1.6204 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Chris Bangerter Mailing Address 411 Dahlia Drive City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6278 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Wayne H. Bishop

Mailing Address 3204 Amberwood Circle

City	State	Zip Code
Nashville	TN	37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.Occupation
Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	7

Transaction ID: SA11A1.6299

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

B. Don Bivacca

Mailing Address 2517 St. James Drive

City	State	Zip Code
Franklin	TN	37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.Occupation
Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	7

Transaction ID: SA11A1.6221

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Steven Bradley Boggus

Mailing Address 139 County Road 114

City	State	Zip Code
Winfield	AL	35594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical CenterOccupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	7

Transaction ID: SA11A1.6241

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Karen Bowling		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address 127 Orlando Street		Transaction ID: SA11A1.6353	
City Beckley	State WV	Zip Code 25801	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Raleigh General Hospital		Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Margie Brusseau		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 1030 Cedar Springs Road		Transaction ID: SA11A1.6200	
City Athens	State TN	Zip Code 37303	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Athens Regional Med. Ctr.		Occupation RN, CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Jack Buck		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 866 Gobbler Springs Lane		Transaction ID: SA11A1.6429	
City Lawrenceburg	State TN	Zip Code 38464	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Crockett Hospital		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Donna S. Carter
Mailing Address 1120 Claiborne Avenue

City State Zip Code
Minden LA 71055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6244

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Reba Lowery Celsor
Mailing Address 5600 Country Drive Unit 110

City State Zip Code
Nashville TN 37172

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Director, Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6304

Amount of Each Receipt this Period

240.00

C. Full Name (Last, First, Middle Initial)
William Chaney
Mailing Address 5914 Old Harding Pike

City State Zip Code
Nashville TN 37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Director Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6305

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Michael Clark Mailing Address 246 W Main Street City State Zip Code Georgetown KY 40324 FEC ID number of contributing federal political committee. C Name of Employer Georgetown Community Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7 Transaction ID: SA11A1.6206 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Kenneth Cochran Mailing Address 712 Ponderosa Place City State Zip Code Fort Morgan CO 80701 FEC ID number of contributing federal political committee. C Name of Employer Colorado Plains Medical Center Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Transaction ID: SA11A1.6181 Amount of Each Receipt this Period 400.00
C. Full Name (Last, First, Middle Initial) John Cude Mailing Address 1449 Charleston Lane City State Zip Code Columbia TN 38401 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 296.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.6307 Amount of Each Receipt this Period 296.00

SUBTOTAL of Receipts This Page (optional)

1696.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Sandra Culler Mailing Address 1301 McDowell Street City Richlands State VA Zip Code 24641 FEC ID number of contributing federal political committee. C Name of Employer Clinch Valley Medical Center Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Transaction ID: SA11A1.6191 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Craig Daniels Mailing Address 74 E 900 N City Price State UT Zip Code 84501 FEC ID number of contributing federal political committee. C Name of Employer Castleview Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.6336 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) David B. Darden Mailing Address 210 Litton Avenue, Apt. #23 City Richlands State VA Zip Code 24641 FEC ID number of contributing federal political committee. C Name of Employer Clinch Valley Medical Ctr. Occupation Healthcare Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6245 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Melissa Davis Mailing Address 1935 Ed Davis Lane City State Zip Code Floral AL 36442 FEC ID number of contributing federal political committee. C Name of Employer Andalusia Regional Hospital Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.6308 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Patty Doles Mailing Address 1302 Drake Drive City State Zip Code Minden LA 71055 FEC ID number of contributing federal political committee. C Name of Employer Minden Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6246 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) Charlotte Dupre Mailing Address 530 South Second Street City State Zip Code Eunice LA 75305 FEC ID number of contributing federal political committee. C Name of Employer Acadian Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6279 Amount of Each Receipt this Period 750.00
SUBTOTAL of Receipts This Page (optional) ▶			1800.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. William S. Duvall

Mailing Address 1019 Whitley Place

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Director Ethics & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6248

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

B. Stephen H. East

Mailing Address 800 Main Street

City State Zip Code
Ville Platte LA 70586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ville Platte Medical Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.6224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jim Edmondson

Mailing Address 500 Hunter Lane

City State Zip Code
Pulaski TN 38478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.6432

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Sue A. Eubanks

Mailing Address 5625 Cedar Rock Drive

City State Zip Code
 Nashville TN 37211

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6309

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Richard Flores

Mailing Address 9439 Timber Ridge Court

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint, Hospitals, Inc.

Occupation
VP Revenue Cycle Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6311

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Kevin Fowler

Mailing Address 10 Mountain Meadows Estates

City State Zip Code
 Chapmansville WV 25508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Medical Ce-
nter

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6280

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

George E. French, III

Mailing Address 1106 Broadway

City State Zip Code
Minden LA 71055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6249

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Donald Gavin II

Mailing Address 1967 Alf Harris Road

City State Zip Code
Prospect TN 38477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.6399

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

James Geist

Mailing Address 2690 Paseo Verde

City State Zip Code
Fort Mohave AZ 86406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Havas Regional Medical
Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.6209

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Paul D. Gilbert		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 2414 Valley Brook Road		Transaction ID: SA11A1.6313
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer LifePoint Hospitals, Inc.	Occupation SVP General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

B. Full Name (Last, First, Middle Initial) Sheryl Glasscock		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 20 Wondering Woods		Transaction ID: SA11A1.6194
City Somerset	State KY	Zip Code 42503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lake Cumberland Regional	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Nancy Godby		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address Rt 1 Box 168		Transaction ID: SA11A1.6401
City Chapmanville	State WV	Zip Code 25508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Logan Regional	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Susan K. Goetzinger

Mailing Address 4220 Windsong Drive

City State Zip Code
 Riverton WY 82501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverton

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.6211

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

B. William Gracey

Mailing Address 14 Wynstone

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.6203

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Julia Grove

Mailing Address 3865 Plymouth Drive

City State Zip Code
 Paducah KY 42001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Purchase Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6314

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Paul Hannah Mailing Address 8202 Foxview Court City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation SVP Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6281 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Randolph Harrison Mailing Address 3552 Saddle Rock Road City State Zip Code Las Cruces NM 88011 FEC ID number of contributing federal political committee. C Name of Employer Memorial Med. Ctr Las Cruces Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6251 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) David Henson Mailing Address PO Box 2064 City State Zip Code Elko NV 89803 FEC ID number of contributing federal political committee. C Name of Employer Northeastern Nevada Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.6435 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Paul Herzog		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 920 Raleigh Road		Transaction ID: SA11A1.6315
City Las Cruces	State NM	Zip Code 88005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Randall Hoover		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 302 Shadow Wood Drive		Transaction ID: SA11A1.6436
City Palestine	State TX	Zip Code 75801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Palestine Regional Medical Ctr	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) J. Gregory Hostettler		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 667 Watson Branch Drive		Transaction ID: SA11A1.6282
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 850.00
Name of Employer LifePoint Corporate	Occupation VP Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Jess N. Judy

Mailing Address 112 Chatsworth Drive

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.6227

Amount of Each Receipt this Period

2250.00

Full Name (Last, First, Middle Initial)

B. Robert Klein

Mailing Address 76 Blueridge Trace

City State Zip Code
 Hendersonville TN 37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6283

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Jone Koford

Mailing Address 1493 Willowbrooke Circle

City State Zip Code
 Franklin TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Healthcare Executive - Division Pres.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6284

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Neil Kunkel Mailing Address 300 Jackson Blvd City Nashville State TN Zip Code 37205 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.6437 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Don Larson Mailing Address 492 Broadview Drive City Nashville State TN Zip Code 37220 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Director Constituency Satisfaction Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.6439 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Mary Jo Lewis Mailing Address 3304 State Route 1529 East City Fulton State KY Zip Code 42041 FEC ID number of contributing federal political committee. C Name of Employer Jackson Purchase Med Ctr Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.6368 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Jeffery Manley Mailing Address 2435 S 190 East City State Zip Code Price UT 84501 FEC ID number of contributing federal political committee. C Name of Employer Occupation Castlview CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>04 / 16 / 2007</div> Transaction ID: SA11A1.6340 Amount of Each Receipt this Period <div>500.00</div>
B. Full Name (Last, First, Middle Initial) Don Mason Mailing Address 8209 Vaden Drive City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. C Name of Employer Occupation LifePoint Hospitals, Inc. Director - Ethics & Compliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>240.00</div>		Date of Receipt <div>04 / 13 / 2007</div> Transaction ID: SA11A1.6285 Amount of Each Receipt this Period <div>240.00</div>
C. Full Name (Last, First, Middle Initial) Michael Mayeux Mailing Address 34 Oak Place City State Zip Code New Iberia LA 70563 FEC ID number of contributing federal political committee. C Name of Employer Occupation Teche CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>750.00</div>		Date of Receipt <div>04 / 24 / 2007</div> Transaction ID: SA11A1.6193 Amount of Each Receipt this Period <div>750.00</div>

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Donald McDaniel

Mailing Address Rt 4 Box 32AA

City State Zip Code
 Chapmanville WV 25508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.6416

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy W. McGill

Mailing Address 221 Bussell Street

City State Zip Code
 Livingston TN 38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livingston Regional Hospi-
tal

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6341

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James McGonnell

Mailing Address 8495 Florence Cove Road

City State Zip Code
 St. Augustine FL 32092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Putnam Community Med. Ctr.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.6214

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Michael J. Meadows

Mailing Address 4712 E 250 S

City State Zip Code
 Knox IN 46534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starke Memorial Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.6232

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mark Medley

Mailing Address 419 Houston Oaks Drive

City State Zip Code
 Paris KY 40361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bourbon

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.6188

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Greg Moore

Mailing Address 230 Stonewall Drive

City State Zip Code
 Russellville KY 42276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Memorial Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.6417

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Dirk Morgan

Mailing Address 247 Deer Creek

City State Zip Code
 Mayfield KY 42066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Purchase Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6371

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)

Samantha Mullins

Mailing Address PO Box 1467

City State Zip Code
 Chapmanville WV 25508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Regional Medical Ce-
nter

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.6418

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)

Norman Nichols

Mailing Address 1203 College Street

City State Zip Code
 Cleveland MS 38732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bolivar Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6261

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Thomas O'Dell

Mailing Address 1024 Cobbler Ct.

City	State	Zip Code
Nashville	TN	37221

FEC ID number of contributing
federal political committee.**C**Name of Employer
LifePoint Hospitals, Inc.Occupation
VP Capital and Constr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	7

Transaction ID: SA11A1.6289

Amount of Each Receipt this Period

860.00

Full Name (Last, First, Middle Initial)

B. Brad Owens

Mailing Address 1014 Crimson Clover Drive

City	State	Zip Code
Brentwood	TN	37027

FEC ID number of contributing
federal political committee.**C**Name of Employer
LifePoint Hospitals, Inc.Occupation
Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	7

Transaction ID: SA11A1.6233

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Debbie Pace

Mailing Address PO Box 120

City	State	Zip Code
Russellville	AL	35653

FEC ID number of contributing
federal political committee.**C**Name of Employer
Russellville Hosp & Lakel-
andOccupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Transaction ID: SA11A1.6419

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Terry Panter

Mailing Address 107 Jade Court

City State Zip Code
 Rockvale TN 37153

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.6441

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert L. Parrish

Mailing Address 222 Prospect Avenue

City State Zip Code
 Franklin TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
VP - Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6290

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Patterson

Mailing Address 1094 Lafayette Street

City State Zip Code
 Sandy UT 84094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Plains Medical
Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.6182

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Ira Lee Perry, III		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 510 Hampton Heights Lane		Transaction ID: SA11A1.6318 Amount of Each Receipt this Period 300.00
City State Zip Code Franklin TN 37064		
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Hospitals, Inc.	Occupation Material Management Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Allen Peters		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 267 S Castlewood Drive		Transaction ID: SA11A1.6343 Amount of Each Receipt this Period 400.00
City State Zip Code Selma AL 36701		
FEC ID number of contributing federal political committee. C		
Name of Employer Vaughan Regional Med Ctr	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Thomas Pezanosky, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 1192 McCoury Lane		Transaction ID: SA11A1.6319 Amount of Each Receipt this Period 240.00
City State Zip Code Spring Hill TN 37174		
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Hospitals, Inc.	Occupation Reimbursement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)

940.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Roxana Pool		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 401 N. High Street		Transaction ID: SA11A1.6263
City Winchester	State TN	Zip Code 37398
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Southern Tennessee Med Ctr	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Mark Poppell		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 1615 Championship Blvd		Transaction ID: SA11A1.6320
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
Name of Employer LifePoint Hospitals, Inc.	Occupation Reimbursement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

C. Full Name (Last, First, Middle Initial) Edwin B. (Bennie) Rector		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 205 Winward Court		Transaction ID: SA11A1.6324
City Nashville	State TN	Zip Code 37217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer LifePoint Hospitals, Inc.	Occupation Reimbursement Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

940.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Joseph Roach

Mailing Address 1011 Country Club Drive

City State Zip Code
 Martinsville VA 24112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial/Martinsville

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6264

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Joseph Ross

Mailing Address 530 Everville Drive

City State Zip Code
 Livingston TN 38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livingston Regional Hospi-
tal

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.6420

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Kathy Russell

Mailing Address 2152 Harrodsburg Road

City State Zip Code
 Harrodsburg KY 40330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluegrass Community Hospi-
tal

Occupation
CNO/Risk Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.6216

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Dorothy L. Sawyer

Mailing Address 4701 W Avenida Del Rey

City State Zip Code
 Glendale AZ 85310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Havasu Regional Medical
Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.6266

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeff Seraphine

Mailing Address 256 Waitsboro Drive

City State Zip Code
 Somerset KY 42503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Cumberland Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.6196

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cherie Sibley

Mailing Address 3 Wilkins Road

City State Zip Code
 Selma AL 36701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vaughan Regional Med Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.6382

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Wes Sigler

Mailing Address 111 Duncan Lane

City	State	Zip Code
Winchester	TN	37398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern TN Med CtrOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Transaction ID: SA11A1.6426

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Chuck Spann

Mailing Address 702 Arrowhead Village

City	State	Zip Code
Winfield	AL	35594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical CenterOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	7

Transaction ID: SA11A1.6442

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. William R. Spray

Mailing Address 70 Northfield Drive

City	State	Zip Code
Winchester	TN	37398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Tennessee Med.
Ctr.Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	7

Transaction ID: SA11A1.6268

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Roderick Stamps		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 114 Arrowood Drive		Transaction ID: SA11A1.6202
City Hendersonville	State TN	Zip Code 37075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Lifepoint Hospitals, Inc.	Occupation Division Controller Cont Div	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Christine Stewart		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 434 Grayland		Transaction ID: SA11A1.6421
City Russellville	State AL	Zip Code 35653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Russellville Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Tommy Stoves		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 613 Davis Drive		Transaction ID: SA11A1.6325
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer LifePoint Hospitals, Inc.	Occupation Reimbursement Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Denise Thomas		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 255 N. Spalding Ave.		Transaction ID: SA11A1.6187
City Lebanon	State KY	Zip Code 40033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spring View Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) William Truex, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 902 Hunters Court		Transaction ID: SA11A1.6237
City Franklin	State TN	Zip Code 37069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer LifePoint Hospitals, Inc.	Occupation Director of IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C. Full Name (Last, First, Middle Initial) Timothy Vaughn		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 588 Ironwood Place		Transaction ID: SA11A1.6238
City Livingston	State TN	Zip Code 38570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer LifePoint Hospitals	Occupation National Director Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) John Walker Mailing Address 2007 Hillpointe Way City State Zip Code Dodge City KS 67801 FEC ID number of contributing federal political committee. C Name of Employer Western Plains Medical Complex Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6274 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Jonathan Wall Mailing Address 8309 Trading Post Ct. City State Zip Code Nashville TN 37221 FEC ID number of contributing federal political committee. C Name of Employer Lifepoint Hospitals, Inc. Occupation Division CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.6329 Amount of Each Receipt this Period 1500.00
C. Full Name (Last, First, Middle Initial) Michael Wiechart Mailing Address 317 Inwood Way City State Zip Code Franklin TN 37064 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Division President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.6292 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. James R. Williams, Jr

Mailing Address PO Box 4061

City State Zip Code
Cleveland MS 38732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bolivar Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2007

Transaction ID: SA11A1.6239

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. J. Fred Wilson

Mailing Address 2416 Healy Lane

City State Zip Code
Lexington KY 40509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bourbon

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2007

Transaction ID: SA11A1.6217

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Suzanne C. Woods

Mailing Address 100 Jefferson Avenue

City State Zip Code
Interlachen FL 32148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Putnam Community Medical
Ctr.

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2007

Transaction ID: SA11A1.6218

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Lori Wooten		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 261 Stonehaven Circle		Transaction ID: SA11A1.6201	
City Franklin	State TN	Zip Code 37064	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer LifePoint Hospitals, Inc.	Occupation Operations Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Phillip Young		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 100 McCord Drive		Transaction ID: SA11A1.6276	
City LaFayette	State LA	Zip Code 70508	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Doctors Hospital of Opelousas	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

68806.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JAY ROCKEFELLER

Mailing Address PO BOX 1909

City
CHARLESTON

State
WV

Zip Code
25327

Purpose of Disbursement
fundraiser

Candidate Name
FRIENDS OF JAY ROCKEFELLER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.6447

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Friends of TN Hospital Association

Mailing Address 500 Interstate Blvd S

City Nashville State TN Zip Code 37210

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6451

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1210.00

Full Name (Last, First, Middle Initial)

B. LHA HOSPAC

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 71055

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6449

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

6210.00

TOTAL This Period (last page this line number only)

6210.00